

PLACE  
FIRST-CLASS  
STAMP  
HERE



**P.O. Box 172002  
Denver, Colorado 80217-2002**

**PRODUCT REGISTRATION DEPARTMENT**

*Please do not send any products or correspondence to this address.*



**PRODUCT REGISTRATION CARD  
IMPORTANT!**

**Please Fill Out And Return Within The Next 10 Days**

This is your Master Mechanic Power Tool Product Registration Card. Proper registration may serve as proof of purchase in the event your original receipt becomes misplaced or lost. Returning this card will not affect warranty coverage, but may expedite the processing of any warranty claims and enable you to contact us in the event of loss or theft. The additional information will also help us to develop new products that best meet your needs and desires. THANK YOU!!!

1.  Mr. 2.  Mrs. 3.  Ms. 4.  Miss

D1D

First Name

## Initia

Last Name

### Street

Apt. No. \_\_\_\_\_

## City

### States

Zip

2. Date of Purchase:         Month  Day  Year

3. Please enter the model number and indicate the type of Master Mechanic Power Tool purchased:

Model #

1. <input type="checkbox"/> Circular Saw	9. <input type="checkbox"/> Bench Top Tool
2. <input type="checkbox"/> Cordless Drill	10. <input type="checkbox"/> Plane
3. <input type="checkbox"/> Cordless Screwdriver	11. <input type="checkbox"/> Chain Saw
4. <input type="checkbox"/> Corded Drill	12. <input type="checkbox"/> Trimmer/Hedger
5. <input type="checkbox"/> Jigsaw	13. <input type="checkbox"/> Router
6. <input type="checkbox"/> Belt Sander	14. <input type="checkbox"/> Rotary
7. <input type="checkbox"/> Orbital Sander	15. <input type="checkbox"/> Other (Specify) _____
8. <input type="checkbox"/> Hammer Drill	

4a Is this Master Mechanic Power Tool a first purchase or a replacement of a similar power tool?

1.  First purchase of this type of power tool

**8. How were you first made aware of this Master Mechanic Power Tool?**

1. <input type="checkbox"/> T.V. Ad	6. <input type="checkbox"/> Friend's Recommendation
2. <input type="checkbox"/> Magazine Ad	7. <input type="checkbox"/> Noticed tool in use
3. <input type="checkbox"/> Newspaper Ad	8. <input type="checkbox"/> Other (Specify) _____
4. <input type="checkbox"/> Store Display	
5. <input type="checkbox"/> Salesperson's Recommendation	

9. Which factor(s) most influenced your decision to purchase this Master Mechanic Power Tool?

1.  Master Mechanic Reputation
2.  Price
3.  Quality
4.  Warranty
5.  Friend's
6.  Previous Usage
7.  Appearance/Design
8.  Durability
9.  Unique Features
10.  Received as a Gift
11.  Other (Specify) \_\_\_\_\_
12.  Other (Specify) \_\_\_\_\_

2.  Replacement of a similar power tool

4b If the Master Mechanic Power Tool is a replacement,  
was the previously owned power tool a Master  
Mechanic brand?

1.  Yes

2.  No

5. Store where Master Mechanic Power Tool was purchased:

1. <input type="checkbox"/> Hardware Store	4. <input type="checkbox"/> Mail Order
2. <input type="checkbox"/> Home Center	5. <input type="checkbox"/> Other (Specify) _____
3. <input type="checkbox"/> Lumber/Building Supply	

6. Where will this Master Mechanic Power Tool be  
primarily used?

1.  At home by a beginning do-it-yourselfer  
(1-2 projects per year)
2.  At home by an intermediate do-it-yourselfer  
(3-4 projects per year)
3.  At home by an advanced do-it-yourselfer  
(more than 4 projects per year)
4.  On the job

7. Please check other power tools that you own:

	Master Mechanic Brand	Skil Brand	Other Brand
1. Circular Saw	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
2. Cordless Drill	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
3. Cordless Screwdriver	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
4. Cored Drill	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
5. Jigsaw	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
6. Belt Sander	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
7. Orbital Sander	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
8. Hammer Drill	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
9. Bench Top Tool	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
10. Plane	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
11. Chain Saw	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
12. Trimmer/Hedger	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
13. Router	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
14. Rotary	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
15. Other	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.
16. None	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.

Recommendation  
6.  Salesperson's  
Recommendation

10. Date of birth of person whose name appears above:

19

Month

Year

11. Marital Status:

1.  Married
2.  Divorced/Separated
3.  Widowed
4.  Single/Never Married

12. Occupation:

	You	Spouse
Homemaker	<input type="checkbox"/> 1.	<input type="checkbox"/> 1.
Professional/Technical	<input type="checkbox"/> 2.	<input type="checkbox"/> 2.
Executive/Administrator	<input type="checkbox"/> 3.	<input type="checkbox"/> 3.
Middle Management	<input type="checkbox"/> 4.	<input type="checkbox"/> 4.
Sales/Marketing	<input type="checkbox"/> 5.	<input type="checkbox"/> 5.
Clerical	<input type="checkbox"/> 6.	<input type="checkbox"/> 6.
Craftworker	<input type="checkbox"/> 7.	<input type="checkbox"/> 7.
Machine Oper./Laborer	<input type="checkbox"/> 8.	<input type="checkbox"/> 8.
Service Worker	<input type="checkbox"/> 9.	<input type="checkbox"/> 9.
Retired	<input type="checkbox"/> 10.	<input type="checkbox"/> 10.
Student	<input type="checkbox"/> 11.	<input type="checkbox"/> 11.
Self Employed/Business Owner	<input type="checkbox"/> 12.	<input type="checkbox"/> 12.

13. What are the ages of all children living at home.

NONE

Under 1  5 yrs.  10 yrs.  15 yrs.

1 yr.  6 yrs.  11 yrs.  16 yrs.

2 yrs.  7 yrs.  12 yrs.  17 yrs.

3 yrs.  8 yrs.  13 yrs.  18 yrs.

4 yrs.  9 yrs.  14 yrs.  19+

14. Which group describes your annual family income:

1.  Under \$14,999
2.  \$15,000-\$19,999
3.  \$20,000-\$24,999
4.  \$25,000-\$29,999
5.  \$30,000-\$34,999
6.  \$35,000-\$39,999
7.  \$40,000-\$44,999
8.  \$45,000-\$49,999
9.  \$50,000-\$59,999
10.  \$60,000-\$74,999
11.  \$75,000-\$99,999
12.  \$100,000 & over

(OVER)

Please seal or tape. Do not staple.

**15. Which of the following do you use regularly?**

1.  American Express, Diners Club, Carte Blanche
2.  Bank credit card (MasterCard, Visa)
3.  Gas, Dept. store, etc. credit card(s)
4.  Airline club/frequent flyer program
5.  None of the above

**16. For your primary residence, do you:**

1.  Own a house?
2.  Rent a house?
3.  Rent an apartment?
4.  Own a townhouse or condominium?

**17. To help us understand our customers' lifestyles, please indicate the interests and activities in which you or your spouse enjoy participating on a regular basis:**

01. <input type="checkbox"/> Bicycle Touring/Racing	20. <input type="checkbox"/> Automotive Work	39. <input type="checkbox"/> Coin/Stamp Collecting
02. <input type="checkbox"/> Golf	21. <input type="checkbox"/> Electronics	40. <input type="checkbox"/> Collectibles/Collections
03. <input type="checkbox"/> Physical Fitness/Exercise	22. <input type="checkbox"/> Home Workshop/Do It Yourself	41. <input type="checkbox"/> Our Nation's Heritage
04. <input type="checkbox"/> Running/Jogging	23. <input type="checkbox"/> Motorcycles	42. <input type="checkbox"/> Real Estate Investments
05. <input type="checkbox"/> Snow Skiing Frequently	24. <input type="checkbox"/> Recreational Vehicles	43. <input type="checkbox"/> Stock/Bond Investments
06. <input type="checkbox"/> Tennis Frequently	25. <input type="checkbox"/> Stereo, Records/Tapes/Discs	44. <input type="checkbox"/> Veterans Benefits/Programs
07. <input type="checkbox"/> Bowling	26. <input type="checkbox"/> Avid Book Reading	45. <input type="checkbox"/> Entering Sweepstakes
08. <input type="checkbox"/> Camping/Hiking	27. <input type="checkbox"/> Bible/Devotional Reading	46. <input type="checkbox"/> Home Video Games
09. <input type="checkbox"/> Fishing Frequently	28. <input type="checkbox"/> Current Affairs/Politics	47. <input type="checkbox"/> Household Pets (cats, dogs, etc.)
10. <input type="checkbox"/> Hunting/Shooting	29. <input type="checkbox"/> Health Foods/Vitamins	48. <input type="checkbox"/> Money Making Opportunities
11. <input type="checkbox"/> Power Boating	30. <input type="checkbox"/> House Plants	49. <input type="checkbox"/> Science Fiction
12. <input type="checkbox"/> Sailing	31. <input type="checkbox"/> Photography	50. <input type="checkbox"/> Wildlife/Environment Issues
13. <input type="checkbox"/> Crafts	32. <input type="checkbox"/> Attend Cultural/Arts Events	51. <input type="checkbox"/> Career-Oriented Activities
14. <input type="checkbox"/> Crossword Puzzles	33. <input type="checkbox"/> Charities/Volunteer Activities	52. <input type="checkbox"/> Personal/Home Computers
15. <input type="checkbox"/> Grandchildren	34. <input type="checkbox"/> Fashion Clothing	53. <input type="checkbox"/> Science/New Technology
16. <input type="checkbox"/> Needlework/Knitting	35. <input type="checkbox"/> Fine/Art Antiques	54. <input type="checkbox"/> Self Improvement
17. <input type="checkbox"/> Outdoor Gardening	36. <input type="checkbox"/> Foreign Travel	55. <input type="checkbox"/> VCR Recording/Viewing
18. <input type="checkbox"/> Sewing	37. <input type="checkbox"/> Gourmet Cooking/Fine Foods	56. <input type="checkbox"/> Watching Cable TV
19. <input type="checkbox"/> Walking for Health	38. <input type="checkbox"/> Wines	57. <input type="checkbox"/> Watching Sports on TV

**18. From the above list, please indicate the numbers representing the 3 most important activities for:**

You

Spouse

Thanks for taking the time to fill out this questionnaire. Your answers will be used for market research studies and reports — and will help us better serve you in the future. They will also allow you to receive important mailings and special offers from a number of fine companies whose products and services relate directly to the specific interests, hobbies, and other information indicated above. Through this selective program, you will be able to obtain more information about activities in which you are involved and less about those in which you are not. Please check here, if for some reason, you would prefer *not* to participate in this opportunity.

**PRODUCT REGISTRATION CARD**

**IMPORTANT!**

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1.  Mr. 2.  Mrs. 3.  Ms. 4.  Miss

D1D

First Name

Initial

Last Name

Street

Apt. No.

City

State

Zip

2. Date of Purchase:  Month  Day  Year

3. Please enter the model number and indicate the type of Master Mechanic Power Tool purchased:

Model #	<input type="text"/>				
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1.  Circular Saw 9.  Bench Top Tool  
 2.  Cordless Drill 10.  Plane  
 3.  Cordless Screwdriver 11.  Chain Saw  
 4.  Corded Drill 12.  Trimmer/Hedger  
 5.  Jigsaw 13.  Router  
 6.  Belt Sander 14.  Rotary  
 7.  Orbital Sander 15.  Other (Specify)

4a. Is this Master Mechanic Power Tool a first purchase or a replacement of a similar power tool?  
 1.  First purchase of this type of power tool  
 2.  Replacement of a similar power tool

4b. If the Master Mechanic Power Tool is a replacement, was the previously owned power tool a Master Mechanic brand?  
 1.  Yes 2.  No

5. Store where Master Mechanic Power Tool was purchased:  
 1.  Hardware Store 4.  Mail Order  
 2.  Home Center 5.  Other (Specify)

6. Where will this Master Mechanic Power Tool be primarily used?  
 1.  At home by a beginning do-it-yourselfer (1-2 projects per year)  
 2.  At home by an intermediate do-it-yourselfer (3-4 projects per year)  
 3.  At home by an advanced do-it-yourselfer (more than 4 projects per year)  
 4.  On the job

7. Please check other power tools that you own:

	Master Mechanic Brand	Skil Brand	Other Brand
1. Circular Saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Cordless Screwdriver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Corded Drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Jigsaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Belt Sander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Orbital Sander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Hammer Drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bench Top Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Plane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Chain Saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Trimmer/Hedger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Router	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Rotary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How were you first made aware of this Master Mechanic Power Tool?

1.  T.V. Ad 6.  Friend's  
 2.  Magazine Ad 7.  Recommendation  
 3.  Newspaper Ad 8.  Noticed tool in use  
 4.  Store Display 9.  Other (Specify)

9. Which factor(s) most influenced your decision to purchase this Master Mechanic Power Tool?

1.  Master Mechanic Reputation 7.  Previous Usage  
 2.  Price 8.  Appearance/Design  
 3.  Quality 9.  Durability  
 4.  Warranty 10.  Unique Features  
 5.  Friend's Recommendation 11.  Received as a Gift  
 6.  Salesperson's Recommendation 12.  Other (Specify)

10. Date of birth of person whose name appears above:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	19	Year

11. Marital Status:

1.  Married 3.  Widowed  
 2.  Divorced/Separated 4.  Single/Never Married

12. Occupation:

	You	Spouse
Homemaker	<input type="checkbox"/>	<input type="checkbox"/>
Professional/Technical	<input type="checkbox"/>	<input type="checkbox"/>
Executive/Administrator	<input type="checkbox"/>	<input type="checkbox"/>
Middle Management	<input type="checkbox"/>	<input type="checkbox"/>
Sales/Marketing	<input type="checkbox"/>	<input type="checkbox"/>
Clerical	<input type="checkbox"/>	<input type="checkbox"/>
Craftsworker	<input type="checkbox"/>	<input type="checkbox"/>
Machine Oper./Laborer	<input type="checkbox"/>	<input type="checkbox"/>
Service Worker	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>
Self Employed/Business Owner	<input type="checkbox"/>	<input type="checkbox"/>

13. What are the ages of all children living at home?

NONE  
 Under 1  5 yrs.  10 yrs.  15 yrs.  
 1 yr.  6 yrs.  11 yrs.  16 yrs.  
 2 yrs.  7 yrs.  12 yrs.  17 yrs.  
 3 yrs.  8 yrs.  13 yrs.  18 yrs.  
 4 yrs.  9 yrs.  14 yrs.  19 +

14. Which group describes your annual family income:

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 2.  \$15,000-\$19,999 8.  \$45,000-\$49,999  
 3.  \$20,000-\$24,999 9.  \$50,000-\$59,999  
 4.  \$25,000-\$29,999 10.  \$60,000-\$74,999  
 5.  \$30,000-\$34,999 11.  \$75,000-\$99,999  
 6.  \$35,000-\$39,999 12.  \$100,000 & over

(OVER)

PLACE  
FIRST-CLASS  
STAMP  
HERE

# Master MECHANIC®

Power Tools

P.O. Box 172002  
Denver, Colorado 80217-2002

## PRODUCT REGISTRATION DEPARTMENT

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**15. Which of the following do you use regularly?**

1.  American Express, Diners Club, Carte Blanche
2.  Bank credit card (MasterCard, Visa)
3.  Gas, Dept. store, etc. credit card(s)
4.  Airline club/frequent flyer program
5.  None of the above

**16. For your primary residence, do you:**

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3.  Rent an apartment?
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04. <input type="checkbox"/> Running/Jogging	23. <input type="checkbox"/> Motorcycles	42. <input type="checkbox"/> Real Estate Investments
05. <input type="checkbox"/> Snow Skiing Frequently	24. <input type="checkbox"/> Recreational Vehicles	43. <input type="checkbox"/> Stock/Bond Investments
06. <input type="checkbox"/> Tennis Frequently	25. <input type="checkbox"/> Stereo, Records/Tapes/Discs	44. <input type="checkbox"/> Veterans Benefits/Programs
07. <input type="checkbox"/> Bowling	26. <input type="checkbox"/> Avid Book Reading	45. <input type="checkbox"/> Entering Sweepstakes
08. <input type="checkbox"/> Camping/Hiking	27. <input type="checkbox"/> Bible/Devotional Reading	46. <input type="checkbox"/> Home Video Games
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14. <input type="checkbox"/> Crossword Puzzles	33. <input type="checkbox"/> Charities/Volunteer Activities	52. <input type="checkbox"/> Personal/Home Computers
15. <input type="checkbox"/> Grandchildren	34. <input type="checkbox"/> Fashion Clothing	53. <input type="checkbox"/> Science/New Technology
16. <input type="checkbox"/> Needlework/Knitting	35. <input type="checkbox"/> Fine/Art Antiques	54. <input type="checkbox"/> Self Improvement
17. <input type="checkbox"/> Outdoor Gardening	36. <input type="checkbox"/> Foreign Travel	55. <input type="checkbox"/> VCR Recording/Viewing
18. <input type="checkbox"/> Sewing	37. <input type="checkbox"/> Gourmet Cooking/Fine Foods	56. <input type="checkbox"/> Watching Cable TV
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Spouse

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